



# BAD RIVER HOUSING AUTHORITY

P.O. Box 57

Odanah, Wisconsin 54861

(715) 682-2271 • FAX: 682-6818

## Application for Employment

(Complete all items)

*Federal law requires that all applications be considered without regard to race, religion, sex, age, or national origin. The Bad River Housing Authority is an equal opportunity employer, subject to the provisions of PL-93-638 and statutes re: Indian Preference.*

DATE: \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (message)

Have you ever been employed here? Yes or No If you answered yes, what were the dates of your employment? \_\_\_\_\_

Have you ever applied here before? Yes or No Date of application \_\_\_\_\_

Are you eligible for Indian Preference? Yes or No If you answered yes, what is your enrollment number and/or Tribal Affiliation \_\_\_\_\_

Availability: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary

Hours or days NOT available: \_\_\_\_\_

Are you on layoff and subject to recall? Yes or No If yes when? \_\_\_\_\_

Valid Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Do you have Automobile Insurance? Yes or No If yes, What type \_\_\_\_\_  
Company Name? \_\_\_\_\_

Do you have access to regular use of a vehicle? Yes or No

Can you travel out of town as the job may require? Yes or No

Summarize any special skills, qualifications, etc. that you possess that relate to the job for which you are applying.

Name, Address, & Phone # of two references who are not related to you and are not former employers.

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you ever been convicted of a felony? Yes or No If yes, please explain:

Do you have any physical, mental, medical impairment or disability that would limit your job performance for the position for which you are applying? Yes or No If yes, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY** (please begin with most recent position)

1. Employer \_\_\_\_\_ Dates: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Dates: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Dates: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Dates: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## EDUCATION

1. School Attended & address \_\_\_\_\_  
Years Completed \_\_\_\_\_ Major Course of Study \_\_\_\_\_  
Degree received \_\_\_\_\_ Date \_\_\_\_\_ GPA \_\_\_\_\_  
Special courses, training, honors, activities, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. School Attended & address \_\_\_\_\_  
Years Completed \_\_\_\_\_ Major Course of Study \_\_\_\_\_  
Degree received \_\_\_\_\_ Date \_\_\_\_\_ GPA \_\_\_\_\_  
Special courses, training, honors, activities, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. School Attended & address \_\_\_\_\_  
Years Completed \_\_\_\_\_ Major Course of Study \_\_\_\_\_  
Degree received \_\_\_\_\_ Date \_\_\_\_\_ GPA \_\_\_\_\_  
Special courses, training, honors, activities, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MILITARY HISTORY

Branch of Service \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
Rank @ Discharge \_\_\_\_\_  
Special skills, training or duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATIONS

I certify that the answers given herein are true and complete. I understand that knowingly and willfully making a false statement in any manner within the jurisdiction of an agency of the United States Government could result in prosecution for violation of 18 USC 1001.

I understand that the Bad River Housing Authority maintains a drug free workplace, and will enforce the regulations governing same.

In the event of employment, I understand that false or misleading information given on my application or during my interview, may result in immediate discharge.

I also understand I am to abide by the Personnel Policies and Procedures of the Bad River Housing Authority.

I understand that this application is not, and is not intended to be, a contract of employment.

I understand I may be required to permit a lawful check of my back ground through medical or legal channels.

I understand that in the event I am offered employment, I may be required to provide documentation to support this application (e.g. school transcripts or diploma, driver's license, proof of insurance, work permit, proof of tribal affiliation, proof of residence, etc.).

### CONSENT FOR RELEASE OF INFORMATION

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and the release of relevant information to the Bad River Housing authority by persons/employers/references named in this application. I also authorize appropriate law enforcement agencies to do a criminal background check and release the results of such check to the Bad River Housing Authority.

For identification purposes only:

Date of Birth \_\_\_\_\_  
SSN # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

My signature above attests to my understanding and agreement with the foregoing.